

1. CIR./DIST./DIV. CODE TNW		2. PERSON REPRESENTED Hogeland, Robert		VOUCHER NUMBER Case 2:02-cr-00480 Document 95 Filed 04/28/05 Page 1 of 2 PageID 94																																																																																																													
3. MAG. DKT./DEF. NUMBER 2:02-000153-002		4. DIST. DKT./DEF. NUMBER 2:02-020480-002		5. APPEALS DKT./DEF. NUMBER																																																																																																													
7. IN CASE/MATTER OF (Case Name) U.S. v. Hogeland		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																													
				10. REPRESENTATION TYPE (See Instructions) Supervised Release																																																																																																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS IRBY, ROBERT 4345 E. MALLORY AVE. MEMPHIS TN 38111 Telephone Number: _____			13. COURT ORDER																																																																																																														
			<input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order: 04/26/2005 Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																	
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22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																	
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Notice of Distribution

This notice confirms a copy of the document docketed as number 95 in case 2:02-CR-20480 was distributed by fax, mail, or direct printing on April 29, 2005 to the parties listed.

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Honorable Jon McCalla
US DISTRICT COURT